

# Big Sky AMES Conference

## Welcome and Thank You for Attending

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# Covered Topics

- Eligibility
- Prior Authorization
- Claim Submission
- Remittance Advice
- Forms
- Top Denials
- Medicare/TPL

# Eligibility Verification Resources

1. Online, through the Montana Access to Health Web Portal
2. Integrated Voice Response (IVR) 1-800-714-0060
3. FaxBack, 1-800-714-0075
4. Medifax Swipe Card Technology
5. Call Provider Relations, 1-800-624-3958

# Montana Access to Health Web Portal

## Provider Information Website

- [www.mtmedicaid.org](http://www.mtmedicaid.org)
- Created by Xerox in conjunction with DPHHS
- Active providers
- Secure website

## Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

### Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
<a href="#">Eligibility</a>	<a href="#">Upload Files</a>	<a href="#">View/Download Files</a>	<a href="#">Add New User to Organization</a>	<a href="#">My Profile</a>
<a href="#">Claim Status</a>		<a href="#">View eISOR Reports</a>	<a href="#">Add Existing User to Organization</a>	<a href="#">Change Organization</a>
<a href="#">Provider Payment Summary</a>		<a href="#">My Inbox</a>	<a href="#">Update or Remove Users/Reset Password</a>	<a href="#">Change Password</a>
<a href="#">Claims-based Medical History</a>			<a href="#">Manage Submitter IDs</a>	<a href="#">Manage Proxies</a>
<a href="#">Electronic Health Record</a>				
<a href="#">Ask Provider Relations</a>				
<a href="#">Provider Locator</a>				

**ATTENTION PROVIDERS:** The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.



Montana's Official State Website



DEPARTMENT OF PUBLIC HEALTH &amp; HUMAN SERVICES

Montana Access to Health Web Portal

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MT DPHHS

## Eligibility Inquiry

To submit an Eligibility Inquiry on a specific client, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one client, you will be asked to check your information and/or enter a different set of information.

\* denotes required field(s)

\* NPI or Provider Number:

1110928

\* Date of Service:

mm

dd

ccyy

02

15

2011

\* Client Information:

Client ID: 123456789

or

Last Name:

First Name:

M.I.:

Date of Birth:

mm

dd

ccyy

Submit

Clear Fields

### Note:

- The Eligibility Response will not indicate retroactive eligibility.



Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH &amp; HUMAN SERVICES

Montana Access to Health Web Portal

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MONTANA MEDICAID TEST1

## Eligibility Inquiry Confirmation

If this is the client you wish to inquire on, click 'View Client Eligibility.'

Client Original ID: 123456789  
Name: John Doe  
Date of Birth: 01/01/1980  
Gender Code: M: Male

[Back to Eligibility Inquiry](#)[View Client Eligibility](#)

For assistance, visit [Help](#) or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

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Montana Access to Health Web Portal

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

Eligibility Inquiry Response

Eligibility Inquiry Response

Client Demographic Information

Client Original ID : 123456789 NPI or Provider ID : 1234567899

Client Current ID : 001111111 Date of Service: 02/15/2011

Client Member ID : 1111111 Valid Request Indicator:

Name: John Doe Reject Reason Code:

Address: 123 Main St Follow-up Action Code:

City: Waterside Date of Death:

County: 25 Trace Number: 21000000010000000T

Code: MT

State: 599990000

Zip Code: 01/01/1980

Date of Birth: M: Male

Gender Code:

Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Full Coverage	09/01/2005	02/28/2011

Managed Care Information

Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
PASSPORT Provider	ST PETERS MEDICAL OFFICE BLDING	4064574180	04/01/2009	03/31/2011

Information Source Data



# Integrated Voice Response

- 1-800-714-0060
- Verbal verification
- Press 1 to search by client SSN
- Press 2 to search by client card number
- Access one client at a time
  - Multiple clients within phone call

# FaxBack

- 1-800-714-0075
- Response within 10 minutes
- Paper verification

**MONTANA HEALTHCARE PROGRAMS ELIGIBILITY VERIFICATION SYSTEM  
FAXBACK REQUEST RESPONSE**

**Provider Services Phone:** 1-800-624-3958  
**Total Pages Transmitted:** 2  
**To:** ACS  
**Provider ID/NPI:** 1110889  
**Provider Phone:** 0000000000  
**Provider Fax:** 4064422819

**Input Information**

**Client ID:**  
**Date of Service:** 07192012  
**Date of Birth:** 01272004  
**Card Control Number:** 1111232

**Transaction Response**

**Audit No.:** 201220111373313FM  
**Mcaid/HMKPlus:** Y  
**Client Gender:** M  
**Date of Death:** 00000000  
**Original ID:**  
**HMK/CHIP:** N  
**Medicare #:** 0000000000  
**No. of TPLs:** 01  
**Incurment Day:**  
**Client Name:** DOE, JOHN  
**Card Control Number:** 1111232  
**Date of Birth:** 01272004  
**Current ID:** 111331111  
**Part-A/B:** N/N  
**Nursing-Home:** N  
**Waiver:** N

**Benefit Summary (includes Managed Care, QMB, and Team Care)**

The child is eligible for Healthy Montana Kids Plus. Is not eligible for the Medicare Savings Program. The client is not responsible for an incurment amount. The client is on Passport to Health. The client has third party insurance coverage.

**MHSP Eligible:** N

**Passport:** Y

**Team Care:** N

**PCP Provider:** WEST GRAND FAMILY MEDICINE

**Phone #:** 4062374040

**Restricted Pharmacy:** N

**Pharm Name:** NAME NOT FOUND

**Phone #:**

**Current Third Party Liability (TPL) Coverage**

<b>Carrier Name:</b>	PREMERA BC	<b>Carrier Code:</b>	K85
<b>Address:</b>	P O BOX 91059 SEATTLE, WA 98111-9159		
<b>Begin Date:</b>	20110401	<b>End Date:</b>	20991231
<b>Policy #:</b>	311113111	<b>Group #:</b>	9002235
<b>Subscriber Name:</b>	DOE	<b>Subscriber Initial:</b>	R
<b>Subscriber SSN:</b>			

# Medifax Services

Swipe technology – magnetic stripe reader

- Available 24/7
- Paper documentation
- Batch capability
- Fee for service

# Provider Relations

- 1-800-624-3958 or 1-406-442-1837
- Hours 8 a.m. – 5 p.m. Mountain Time
- Monday thru Friday

# Types of Coverage

- Full and Basic Medicaid
- Healthy Montana Kids /Healthy Montana Kids *Plus*
- Mental Health Services Plan (MHSP)
- Qualified Medicare Beneficiaries
- Specified Low-Income Medicare Beneficiaries
- Qualifying Individual

# Prior Authorization

- Mountain-Pacific Quality Health
  - 1-800-292-7114
- Item or service is \$1,000 or more
- Fee Schedule
- Additional Item or Services



# Claim Submission

## Paper Claims

- 1500 Professional Claim Form

## Electronic Submission Types

- WINASAP5010
- Clearing House
- Billing Agent
- Direct Submission
- Web Portal

# Remittance Advice

- Available every Tuesday
  - Web Portal or 835
  - Paper remits mailed Tuesday
- Grouped by status

## Tips

- Work all denials before resubmitting
- Do not post payments in a credit balance
- Do not resubmit claims in a Pended status

# Remittance Advice

1234567 Data, Test 07012011 07012011 1.000 99221 204.00 96.66  
ICN 21122000000000000000 PATIENT NUMBER=10000

0000111111 Fred T Flinstone M D

07022011	07022011	1.000	59514	1900.00	0.00	B22	B13	M86	B15	M80
07032011	07032011	1.000	99231	93.00	0.00	B22				
07042011	07042011	1.000	99238	154.00	0.00	B22				

\*\*\*\*\*THE FOLLOWING IS A DESCRIPTION OF THE REASON/REMARK CODES THAT APPEAR ABOVE \*\*\*\*\*

B13 PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED  
IN A PREVIOUS PAYMENT.

B15 PAYMENT ADJUSTED BECAUSE THIS PROCEDURE/SERVICE IS NOT PAID  
SEPARATELY.

B22 THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS.

MA04 SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR  
PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER  
NOT REPORTED OR WAS ILLEGIBLE.

M80 NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A  
PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.

M86 SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE  
WITHIN SET TIME FRAME.

N286 MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

107 CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/SERVICE  
WAS NOT PREVIOUSLY PAID OR IDENTIFIED ON THIS CLAIM

133 THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.

15 THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE  
BILLED SERVICES OR PROVIDER.

18 DUPLICATE CLAIM/SERVICE.

22 THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.

9 THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.



Healthy People. Healthy Communities.

Department of Public Health & Human Services

# Adjustments

- Individual Adjustment
- Mass Adjustment
- Gross Adjustment
- Credit

# Adjustment Form

How do I adjust a claim?

- Download the adjustment form
- Paid claims
- Include a copy of the Remittance Advice



## Montana Health Care Programs Medicaid • Mental Health Services Plan • Healthy Montana Kids Individual Adjustment Request

### Instructions:

This form is for providers to correct a claim which has been paid at an incorrect amount or was paid with incorrect information. Complete all the fields in Section A with information about the paid claim from your statement. Complete only the items in Section B which represent the incorrect information that needs changing. For help with this form, refer to the *Remittance Advices and Adjustments* chapter in your program manual or the *General Information for Providers* manual, or call Provider Relations at (800) 624-3958 (Montana and out-of-state providers) or (406) 442-1837 (Helena).

### A. Complete all fields using the remittance advice (RA) for information.

1. Provider Name and Address	3. Internal Control Number (ICN)
Name _____	_____
Street or P.O. Box _____	4. NPI/API _____
City _____ State _____ ZIP _____	5. Client ID Number _____
2. Client Name _____	6. Date of Payment _____
	7. Amount of Payment \$ _____

### B. Complete only the items which need to be corrected.

Item	Date of Service or Line Number	Information on Statement	Corrected Information
1. Units of Service			
2. Procedure Code/NDC/Revenue Code			
3. Dates of Service (DOS)			
4. Billed Amount			
5. Personal Resource (Nursing Facility)			
6. Insurance Credit Amount			
7. Net (Billed – TPL or Medicare Paid)			
8. Other/Remarks (Be specific.)			

Signature \_\_\_\_\_ Date \_\_\_\_\_

When the form is complete, attach a copy of the RA and a copy of the corrected claim, and mail to:

Claims  
P.O. Box 8000  
Helena, MT 59604

# Paperwork Attachments

- TPL explanation of benefits
- Medicare EOMB
- Blanket Denial form



## Paperwork Attachment Cover Sheet

**Paperwork Attachment Control Number:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_

**Billing NPI/API:** \_\_\_\_\_

**Client ID Number:** \_\_\_\_\_

**Type of Attachment:** \_\_\_\_\_

### Instructions:

This form is used as a cover sheet for attachments to electronic and paper Montana Health Care Programs (Medicaid; Mental Health Services Plan; Healthy Montana Kids; Indian Health Services Program) claims sent to the address below.

The Paperwork Attachment Control Number must be the same number as the Attachment Control Number on the corresponding electronic claim. This number consists of the provider's NPI/API, the client's ID number and the date of service (mmddyyyy), each separated by a dash (NPI: 999999999-99999999-99999999/Atypical Provider ID: 999999-99999999-99999999).

This form may be copied or downloaded from the Provider Information website (<http://medicaidprovider.hhs.mt.gov/>).

If you have questions about paper attachments that are necessary for a claim to process, call Xerox Provider Relations at (800) 624-3958 or (406) 442-1837.

Completed forms can be mailed or faxed to:  
P.O. Box 8000  
Helena, MT 59604  
Fax: 1-406-442-4402



# Blanket Denial

- Codes/Procedures are never covered by the client's other insurance or Medicare
- Reviewed by the Xerox TPL unit
  - Fax request to 406-442-0357
- Valid for two years

What to submit with your claim

- Electronic claims: include pwk indicator
- Paper claims: submit only the claim



## Request for Blanket Denial Letter

### State of Montana Medicaid

Effective Date Requested \_\_\_\_\_ Provider/NPI \_\_\_\_\_

Client Name \_\_\_\_\_

Medicaid ID Number \_\_\_\_\_

Name of Insurance Company on File \_\_\_\_\_

Procedure Codes Requested

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Requesting Agency \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Number of Pages that Follow Request \_\_\_\_\_

Fax all requests to (406) 442-0357.

Request must include an explanation of benefits (EOB) stating the services are not covered.

# Top Denials

- Medicare
- Prior Authorization
- TPL
- Eligibility
- Limits

# Medicare

- Medicare EOMB and claim information don't match
- Medicare denied requesting more information
- Claim is not on the Medicare EOB
- Medicare Reason and Remark codes are missing

# Prior Authorization

- PA missing
  - No information was entered on the claim
- PA invalid
  - Wrong PA for date of service
  - PA does not match
  - Units or dollars exceeds approved amount
  - PA is used

# Third Party Liability (TPL)

- Client has TPL
  - TPL not indicated on the claim
  - Amount not present on the claim
  - Claim information and EOB do not match
- Claim indicates TPL
  - TPL indicator was checked

# Eligibility

- Client ID missing or invalid
- Client not eligible for date of service
- Client is not eligible for Medicaid

# Limits

- Capped
- Routine
- Rentals
  - 13 months
  - Additional items
  - Change in supplier



# Medicare

Medicare claims cross over automatically from COBC-GHI

If claims don't cross over

- Bill electronically
- Bill on paper

# Paper Billing

- 1500 Professional Claim Form
  - Do not enter Medicare information on the form
  - Attach a copy of the Medicare EOMB
    - Include the reason and remark codes

# Electronic Billing

- Include the appropriate Medicare qualifiers
- Include the PWK indicator to submit paperwork with the claim
  - Medicare paid claims only need the paid amount entered on the claim
  - Medicare denials will require the EOMB with Reason and Remark codes.

# Third Party Liability (TPL)

- Insurance verification
- Assist with problem claims
- Retro Medicare
- Provider checks/refunds
- Credit balance
- Trauma investigations

# Services to you

- Pay and Chase
  - 90 Day Rule – Providers can request that Montana Health Care Programs process the claim and subsequently bill the other payer.
- Blanket denials
  - Allows for claims to be sent to Medicaid without billing the other insurance.

# Questions?